

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.   FILING DATE  

APPLICANT(S)  

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		✓				
3		✓				
4		✓				
5		✓				
6		✓				
7		✓				
8	✓					
9		✓				
10		✓				
11		✓				
12		✓				
13	✓					
14		✓				
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17		✓				
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41		✓				
42		✓				
43		✓				
44		✓				
45		✓				
46		✓				
47		✓				
48		✓				
49		✓				
50		✓				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52	✓					
53		✓				
54		✓				
55		✓				
56	✓					
57		✓				
58		✓				
59		✓				
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95						
96						
97						
98						
99						
100						
TOTAL IND.		✓				
TOTAL DEP.		61				
TOTAL CLAIMS		70				